

**Please be aware that this is an anonymised copy of what was a real report and litigation has ended. The names in this report are all false.**

## **Medical Report by Dr Alastair H Bint**

**Dated**

16<sup>th</sup> July 2009

**Area of Expertise**

General Practice

**On behalf of the Claimant**

Vanessa Brown of xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

**Instructing Solicitors**

Buckles Solicitors, xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Ref xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

**Subject**

Treatment provided by an NHS Walk in Centre

**Written by**

Dr Alastair Bint, St Lukes Surgery, Warren Road, Guildford, UK, GU13JH

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# Report

## 1. Introduction

### 1.01 The Expert

I am Dr Alastair Halford Bint. My specialist field is General Medical Practice. Full details of my qualifications and experience entitling me to give expert opinion evidence in this case are in appendix 1.

### 1.02 Summary background of the case

The Claimant, Mrs Vanessa Brown attended XXXXX Walk in Health Centre on the 21<sup>st</sup> September 2008 feeling unwell. She was discharged home and attended her General Practitioner 3 days later and was then promptly admitted to hospital as an emergency with appendicitis requiring an emergency operation. She went on to suffer further complications.

### 1.03 Summary of my conclusions

In my opinion, the Walk in Centre failed to assess Mrs Brown to a reasonable standard, failed to make a reasonable diagnosis, and failed to give consistent follow up advice to a reasonable standard.

### 1.04 The parties involved

Mrs Vanessa Brown; Claimant  
XXXXX NHS Walk in Centre; Defendant

### 1.05 Technical terms and explanations

I have indicated any technical terms in **bold type**. I have defined these terms when first used and included them in a glossary in appendix 3.

## 2 The instructions and issues raised

### 2.01 To comment on the treatment provided by NHS Walk in Centre, XXXXXX in relation to the care of Mrs Vanessa Brown

### 3 My investigation of the facts, history of events

- 3.01 Mrs Brown aged 35 years, attended XXXXX Walk in Centre at 17.20 hours on the 21<sup>st</sup> September 2008. She was attended to by Nurse Carole Pink. The history as stated in the computer notes of that date was that she complained of '*pain+++ across lower abdomen*'. It was noted that she had suffered **cystitis** the previous week.
- 3.02 At 17.34 hours it was noted by Nurse Pink that Mrs Brown had a fever of 38 C and that her Urine dipstick test was normal. She was given paracetamol.
- 3.03 At 19.37 hours Mrs Brown was assessed by Nurse White. It was noted that Mrs Brown complained of '*moderate pain severity*' in the '*lower abdo*' and that her '*lower abdomen feels bloated*'. On examination her abdomen was '*tender all over*' and it was noted there was '*no rebound tenderness, no pain in the **right iliac fossa***'. Her temperature at this stage was reported as 37C and her pulse rate was 85. The notes also state '*rectal examination not done*' and note that a pregnancy test was negative.
- 3.04 It was also noted that she '*has no urgency of urine, no burning or stinging, no discomfort in the abdomen when passing urine.*'
- 3.05 The notes go on to record that '*appears she has trapped wind*' and she was advised to use an over the counter remedy.
- 3.06 Further more, the notes record in continuous sequence three different follow up advice given, namely, '*if symptoms worsen or do not settle then to ring GP or return to Walk in Centre...recommend self care but consider action within 24 hours... referral to clinician urgently (2-6 hours)*'.
- 3.07 Mrs Brown returned home and visited her GP, Dr Blue, on the 24<sup>th</sup> September who referred her immediately to hospital where she underwent emergency surgery for gangrenous appendicitis with associated abscess. There were several complications and she remained in hospital until the 5<sup>th</sup> October.

### 4 My opinion

- 4.01 Mrs Brown may have suffered from a urinary tract infection the week previous to her Walk in centre attendance but during her attendance it was noted she had no urinary symptoms and a normal urine dipstick, thereby excluding urinary tract infection as a cause for her symptoms that day.
- 4.02 Mrs Brown had a number of investigations performed including measuring of temperature, pulse rate, urine dipstick analysis and pregnancy test. However, she did not have a blood pressure recording, nor a per rectum digital examination, and she did not have an assessment for **percussion tenderness**. I would reasonably expect that these assessments should be performed when assessing a patient with fever and abdominal pain. It is therefore my opinion that the assessment of Mrs Brown was below a reasonable standard.

- 4.03** Despite the deficiencies in examination, there were some indications on examination that were reassuringly against appendicitis as a diagnosis, namely the lack of tenderness in the right iliac fossa and the lack of rebound tenderness. However, these are non specific signs and it is widely known that appendicitis can present in the absence of these signs. It is my view that there was enough clinical uncertainty in this case as to the cause of her fever and abdominal pain that it was reasonable to expect Mrs Brown to have been investigated further which would have meant referral to hospital for blood tests and possibly a surgical opinion. At the very least I would have expected that she should have been advised to follow up with her GP the next day if her symptoms did not settle.
- 4.04** Mrs Brown had a fever and moderately severe abdominal pain with generalised abdominal tenderness. ‘Trapped wind’ was not a reasonable diagnosis for this problem as it would not cause a fever and would not cause abdominal tenderness. It is my opinion, that to offer ‘trapped wind’ as the diagnosis in this case was below an acceptable standard expected from an autonomous clinician.
- 4.05** There was clearly inconsistent follow up advice given to Mrs Brown, with three possible outcomes cited in the notes. Whichever of the three possibilities that Mrs Brown understood, the outcome was that she saw her GP three days later. The inconsistent advice offered by the walk in centre would be a cause for confusion and therefore compromises patient safety and was below a reasonable standard.

## **5 Statement of compliance**

- (a) I understand that my overriding duty is to the court, both in preparing reports and in giving oral evidence. I have complied and will continue to comply with that duty.
- (b) I have set out in my report what I understand from those instructing me to be the questions in respect of which my opinion as an expert is required.
- (c) I have done my best, in preparing this report, to be accurate and complete. I have mentioned all matters which I regard as relevant to the opinions I have expressed.
- (d) I consider that all the matters on which I have expressed an opinion lie within my field of expertise.
- (e) I have drawn to the attention of the court all matters, of which I am aware, which might adversely affect my opinion.
- (f) In preparing and presenting this report I am not aware of any conflict of interest actual or potential save as expressly disclosed in this report.

(g) In respect of matters referred to which are not within my personal knowledge, I have indicated the source of such information.

(h) I have not included anything in this report which has been suggested to me by anyone, including the lawyers instructing me, without forming my own independent view of the matter.

(i) Where, in my view, there is a range of reasonable opinion relevant to the opinions I express, I have indicated the extent of the range in the report.

(j) At the time of signing the report I consider it to be complete and accurate. I will notify those instructing me if, for any reason, I subsequently consider that the report requires any alteration, correction, or qualification.

(k) I understand that this report will be the evidence that I will give, if required, under oath, subject to any correction or qualification I may make before swearing to its veracity.

(l) I have attached to this report a statement setting out the substance of all the facts and instructions given to me which are material to the opinions expressed in this report or upon which those opinions are based.

## **6 Statement of truth**

I confirm that insofar as the facts stated in my report are within my own knowledge I have made clear which they are and I believe them to be true, and that the opinions I have expressed represent my true and complete professional opinion.

Signed by Dr Alastair Bint

Dated

## Appendix 1

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### **My experience and qualifications:**

I am a full time NHS GP and trainer of foundation doctors in General Practice. I am Chairman of the South West Thames faculty of the Royal College of General Practitioners and I sit on the executive committee for postgraduate General Practice education in Kent, Surrey and Sussex. I work as a clinical lead and have sat on the Guildford Practice Based Commissioning board, one of the roles of which is appraising clinical pathways and protocols. I am a commentator for the Royal College of GPs on professional regulatory and medico-legal issues.

With reference to this case, I have received post graduate training in Accident and Emergency and have worked for a number of years providing medical care in AE departments and walk in health centres (run by 'Thamesdoc'). I am Clinical lead for Surrey Primary Care Trust integrated care.

### **Qualifications:**

- MBChB, Bachelor of Medicine and Bachelor of Surgery, Edinburgh, 1998
- Advance life support; ACLS (1999), ATLS (2000), PALS and APLS (2001).
- DGM, Diploma in Geriatric Medicine, Royal College of Physicians, 2001
- DRCOG, Diploma from Royal College of Obstetricians and Gynaecologists, 2002.
- DFSRH, Diploma from Faculty of Sexual and Reproductive Healthcare, 2002
- FRCGP, Membership of Royal College of General Practitioners, 2003, Fellowship elected 2009.
- MEWI, Membership of Expert Witness Institute 2008.

### **Memberships:**

- General Medical Council number 4546883
- Medical Defence Union number 307265G
- Royal College of General Practitioners number 53602
- Faculty of Sexual and Reproductive Healthcare number D015276
- Expert Witness Institute number 1776

## **Appendix 2**

### **List of documents examined**

1. Letters of Instructions from Buckles Solicitors dated 2<sup>nd</sup> July and 13<sup>th</sup> July 2009.
2. NHS Walk in Centre, XXXXXXXXX clinical notes dated 21<sup>st</sup> September 2008
3. Medical report from Mr John XXXXX, Consultant Surgeon, dated 21<sup>st</sup> April 2009.



## **Appendix 3**

### **Glossary of terms used**

Cystitis; bladder infection

Right iliac fossa; anatomical area of abdomen where appendix is located

Percussion tenderness; tenderness of abdomen when tapped with a finger (percussion)